

**Byrdine F. Lewis College of
Nursing and Health Professions
Application for Graduate Study**



Please type and print completed application.

Social Security Number (if available) _____

Name _____
Last (family name) First Middle

Former name(s) used at previous colleges, if any _____

Email address _____
List an active email address as this will be the primary mode of communication.

Present mailing address _____
Number/Street

City State ZIP Nation

If applicable, address good until _____

Present telephone numbers _____
Home Work (if available) Cell

Permanent mailing address _____
(if different from above) Number/Street

City State ZIP Nation

Permanent telephone number _____
(if different from above)

GSU is required to report data on gender and ethnic groups to certain federal and state agencies, as the data relates to civil rights compliance. The provision of this information by applicants is not mandatory.

Gender: Race/Ethnic Group:

Birth date _____
Month Day Year

Country of Birth _____

Program for which you are applying:

Master of Science in Nursing

- ____ Adult Gerontology Nurse Practitioner Primary Care
- ____ Pediatric Primary Care (Spring only)
- ____ Family Nurse Practitioner
- ____ Psychiatric Mental Health Nursing/NP (Fall only)

Nursing Post-Master's Certificate

- ____ Adult Gerontology Nurse Practitioner Primary Care
- ____ Adult Gerontology Acute Care Nurse Practitioner (Spring only)
- ____ Pediatric Primary Care (Spring only)
- ____ Family Nurse Practitioner
- ____ Psychiatric Mental Health Nursing/NP (Fall only)

Doctoral Program Nursing

- ____ Doctor of Philosophy in Nursing
- ____ Doctor of Nursing Practice (DNP)

Nutrition

- ____ Master of Science in Health Sciences
- ____ Master of Science in Health Sciences/Coordinated Program

Respiratory Therapy

- ____ Master of Science in Health Sciences

Graduate Certificate

- Early Intervention Rehabilitation
- Clinical Health Informatics – Health Informatics

Special Status

- Transient**
- Non-Degree**

Semester/Year for which you are applying: _____ Fall (August) _____ Spring (January) _____ Summer (June) Year 20 _____

How did you learn about this degree program? _____

List all Colleges/Universities you have attended: (List most recent first)

| OAA Office Use Only | Name of College/University | Location | From: Mo/Yr | To: Mo/Yr | Degree Program Major or Concentration | Degree Awarded Name/Date |
|---------------------|----------------------------|----------|-------------|-----------|---------------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Date you took or intend to take the appropriate exam: _____ GRE _____ MAT _____ GMAT _____

Date you requested or intend to request scores to be sent to GSU: GRE _____ MAT _____ GMAT _____

Have you previously applied to Georgia State University? _____ No _____ Yes: Which year and term? _____

Employment History:

| OAA Office Use Only | Organization | City, State, Country | Occupation Title | Full-time or Part-time | Years Employed |
|---------------------|--------------|----------------------|------------------|------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Information:

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes, explain in 100 words or less:

Are you currently charged with or have been found guilty of any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status has been granted? _____

If yes, explain in 100 words or less:

Have you ever entered a plea of guilty, no contest, nolo contendere, or Alford plea, or have otherwise accepted responsibility for the commission of a crime? _____

If yes, please explain in 100 words or less:

Do you currently have disciplinary or academic misconduct or academic misconduct charges pending against you from another college or university? _____

If yes, please explain in 100 words or less:

Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution?

_____ If yes, please explain in 100 words or less:

Are you on academic probation, suspension, exclusion, or any other type of academic warning at any previously attended institution?

_____ If yes, please explain in 100 words or less:

Have you received any type of discharge from military service other than an honorable discharge? _____

If yes, please explain in 100 words or less:

Emergency Contact Information:

Name

_____ Last (family name)

_____ First

_____ Relationship

_____ Emergency Phone Number

INTERNATIONAL APPLICANT INFORMATION

Applicants whose native language is not English or who have not earned a degree from a U.S. institution.

Primary language: _____

Language used in college instruction: _____

Date you took or intend to take the Test of English as a Foreign Language (TOEFL): _____

Date you requested or intend to request scores to be sent to GSU: _____

Non-U.S. Citizens Only (whether in this country or applying from abroad):

Type of Visa requested (Select one)

| | | | | |
|-----|-----|-----|---------|--------|
| F-1 | F-2 | J-1 | J-2 | H-1 |
| H-2 | B-1 | B-2 | Refugee | Asylee |

Other _____

Is this visa currently held? _____ Yes _____ No

If you are a Permanent Resident Alien, please provide your alien number and date the card was issued: _____

I understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

IMPORTANT: THIS FORM MUST BE SIGNED.

I certify that the information provided on this application and any attached documents is true and accurate to the best of my knowledge and understand that omissions or falsifications may result in withdrawal of a decision to accept me or in disciplinary action. I understand that I must request and provide official transcripts to the Byrdine F. Lewis College of Nursing and Health Professions from all appropriate colleges or universities attended (except GSU) before I may be considered for admission. I further understand that I may be required to furnish additional information or take additional tests to be considered for admission.

SIGNATURE OF APPLICANT _____ **DATE** _____

Georgia State University, a unit of the University System of Georgia, is an equal opportunity educational institution and an equal opportunity/affirmative action employer. The University is open to people of all races and actively seeks to promote racial integration.

Residence Information for Fee-Paying Purposes: **Are you applying for in-state tuition?** Yes No

If you are under the age of 24, has a parent or U.S. court – appointed legal guardian established and maintain residency in Georgia for 12 consecutive months Yes No

State of Residence _____ How long have you continuously resided in Georgia? From _____ To _____

Where do you pay property taxes? _____ Where are you registered to vote? _____

List your employment history for the previous 12 months:

| <i>Name of Employer</i> | <i>Dates of Employment</i> | <i>Full or Part time</i> | <i>State</i> |
|-------------------------|----------------------------|--------------------------|--------------|
| | <i>From</i> <i>To</i> | | |
| | <i>From</i> <i>To</i> | | |

If you filed a Georgia Individual Income Tax Return as a resident of Georgia, what was last year filed? _____

Signature of Applicant

Date form was completed and signed

Any omission or misrepresentation of facts or failure to furnish the correct information the Office of Academic Assistance will automatically invalidate the readmission of any student.

Please read the following carefully. If you answer yes to any of the questions below please attach a detailed statement.

- Are you ineligible to enroll at any previously attended institution? No Yes
- Are you currently on or have you ever been placed on academic probation, suspension, exclusion or any other type of academic warning at any previously attended institution? No Yes
- Are you currently charged with, or have been found guilty of, any violation of academic honesty, honor code, or conduct regulations of a previously attended institutions? No Yes
- Have you left a previous institution while there were pending charges of any violation of academic honest, honor code, or conduct regulation? No Yes
- Are you currently charged with, or have been found guilty of, any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status have been granted? No Yes
- Have you ever entered a plea of guilty, no contest, nolo contendere, or any Alford plea, or otherwise accepted responsibility for the commission of a crime? No Yes
- Have you received any type of discharge from military service other than an honorable discharge? No Yes

I understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

Signature of Applicant

Date



Byrdine F. Lewis College of Nursing and Health Professions

Non-Degree Application Form (Nursing Only)

Graduate nondegree status is available under some programs in the Byrdine F. Lewis College of Nursing and Health Professions. A student is admitted to this status at the option of the department/school concerned; some units do not offer courses for nondegree students. Under this category, a student is limited to 9 semester hours of graduate course work and must obtain permission to enroll in desired courses each semester. Admission to non-degree status does not warrant admission to any degree program.

NAME _____ Panther ID# _____

Term of Enrollment _____

Please list the course(s) you intend to take.

Course 1 _____

Course 2 _____

Course 3 _____

Course 4 _____

LAWFUL PRESENCE REQUIREMENT

The Board of Regents of the University System of Georgia requires that any student applying to Georgia State University must provide verification of their lawful presence in the United States before their admission to the university can be finalized.

This requirement is detailed in the following Board of Regents policies:

[Policy 4.1.6 Admission of Persons Not Lawfully Present in the United States](#)

[Policy 4.3.4 Verification of Lawful Presence](#)

While not required at the time of application, providing one of the following documents may expedite your verification process. Please submit a black and white copy of one of the items listed below with your application. Please note, only U.S. Citizens and Permanent Residents should submit documentation.

Please submit a copy of one of the following documents:

- Current U.S. Passport
- Current GA Driver's License issued by the State of Georgia after January 1, 2008
- Current GA ID Card issued by the State of Georgia after January 1, 2008
- U.S. Certificate of Naturalization
- U.S. Certificate of Citizenship
- U.S. Certificate of Birth Abroad
- Permanent Resident Card